



Iowa Retirement Investors' Club (RIC)
457/401a Plans
Look forward to retirement!

City of Adel RIC Account Form



Personal Information

Name _____ Social Security # _____
Last First MI Existing accounts need last 4 digits only
Address _____ City _____ State _____ Zip _____
Birth Date _____ Phone (work) _____ Phone (home) _____

457 Payroll Deduction Election

Deduction amount to send to Voya

The combined amount of all 457 pretax and Roth contributions in a tax year is limited to the IRS annually declared maximum contribution limits (see <https://das.iowa.gov/RIC/PSE/contributions>).

Pretax \$ _____ or _____ %

Roth \$ _____ or _____ %

☐ Stop deductions

Effective date: Changes affect the 1st available check of the month following receipt of this form unless a future effective date is indicated. The amount per check should be based on 24 pay periods per year.

Alternative effective date (if desired) ☐ Begin as of _____ ☐ 1 check only _____ ☐ Final check _____
Date Date Date

Participant Signature

I authorize my employer to process these requests. I have access and agree to the terms and conditions of the Iowa Retirement Investors' Club (RIC) as disclosed in the Plan Document. I have established 457 and 401a accounts with a RIC provider. I understand that the total of all 457 contributions made in the calendar year must not exceed the federal limits as required by the Internal Revenue Code section 457. I understand that withdrawals may only be made upon termination of employment or qualification for an in-service distribution.

X _____
Participant Signature Date

Form Submission

New accounts: Provider account forms: Forward to the provider
RIC Account Form: Forward to your Human Resources office (shown below)

Existing account changes: RIC Account Form: Forward to your Human Resources office (shown below)

Agent Use Only (Not require, but preferred)

I am authorized to open accounts for this employee and verify that the participant has established 457/401a accounts with the provider shown below.

Print Agent Name _____ Agent Signature _____ Agent Phone Number _____ Provider Name _____ Date _____

Received by RIC	Human Resources Office	RIC Use Only
	Date Received: _____	Date Pended: _____
	Paycheck Effective Date: _____	Entered: _____
	Name: _____	Checked: _____



Visit the RIC website at <https://das.iowa.gov/RIC> and click on the Public Employees portal to access the RIC At-A-Glance (from Your Plan Details), IRS maximum contribution limits, and other plan options specific to your employer's 457/401a plans.

City of Adel

301 South 10th Street ■ Human Resources ■ Adel, IA 50003 ■ (515) 993-4525 ■ Fax (515) 993-4527

